



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E283509**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-02812
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION							
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #			
DATE OF COLLISION	11 - 07 - 2013	1345	31		N S E W	IN OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>		
SOPER HILL RD		BLOCK NO.		
		MILE POST		
DISTANCE		MILES		OF (REFERENCE OR CROSS STREET)
		FEET		STATE ROUTE 9

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 8057146629
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LAST NAME	BIXBY	FIRST NAME	KARYN	MIDDLE INITIAL	L
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STREET NEW ADDRESS	3614 81ST DR NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	BIXBYKL386LP	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	06	-	17	-	1962
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ANF1110	STATE	WA	VIN#	JTJGF10U810092365
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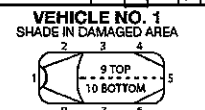
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	LEXS	MODEL	RX300	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. COLIN BIXBY 3614 81ST DR NE MARYSVILLE WA 98270 D: 8057146629

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 205-0878-A15-47
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3603487474
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LAST NAME	VOLKER	FIRST NAME	ANNA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	302 N. ALDER ST
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CITY	GRANITE FALLS	ST	WA	ZIP	98252
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	VOLKEAM722RU	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	12	-	31	-	1928
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	916ZON	STATE	WA	VIN#	2FAPP36XXMB144536
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1991	MAKE	FORD	MODEL	TEMPO	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 9-20-304449
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BOB SUMMERS	BADGE OR ID #	079	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E283509**

CASE # **13-02812**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY								
PASSENGER	WITNESS	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES								
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY								
PASSENGER	WITNESS	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES								
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY								
PASSENGER	WITNESS	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES								

NARRATIVE

Unit #1 was at the intersection of Soper Hill Rd and SR 9 waiting to make a left turn onto SR 9 and Unit #2 collided with the rear bumper of Unit #1.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**BOB SUMMERS**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**11-08-13 01:36 PM**

DATED

PLACE SIGNED

APPROVED BY

**BOB SUMMERS 079**

DATE

**11/8/2013 4:23:15 PM**

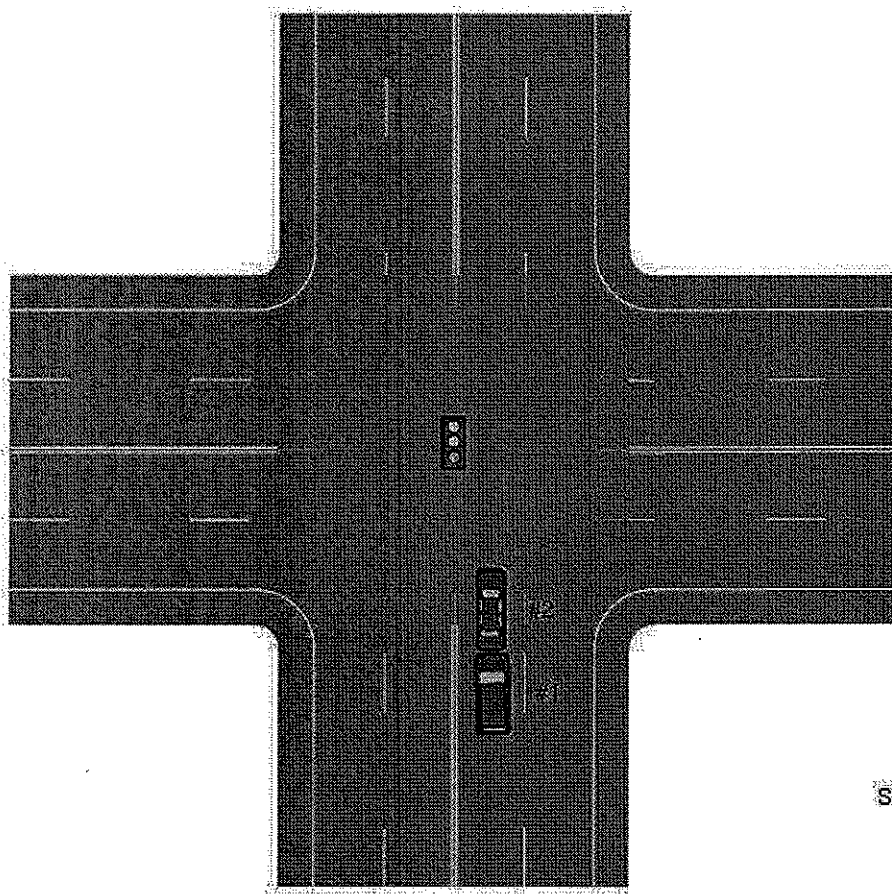
BADGE OR ID #	<b>079</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>1:50 PM</b>	TIME POLICE ARRIVED	<b>1:56 PM</b>
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REPORT NO. E283509

CASE # 13-02812

DATE AND TIME  
OF COLLISION 11/07/13 13:45

State Route 9



Soper Hill Rd

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>E. SUMMERS #79</i>			Case Number <i>13-02812</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>COLLISION</i>			Date/Time: <i>11-7-13</i>		
Action Number: <i>3</i> - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING *Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification								
Item # <i>1</i>	Item <i>DVD</i>		Brand Name <i>VERBATIM</i>		Storage Location		Disposition	
	Brand/Model/Caliber (Further Description)							
	Action # <i>3</i>	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions <i>SOPER HILL RD + SR 9</i>								
Item #	Item		Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								
Evidence Control Use Only: Received by Evidence: NCIC/WACIC <input checked="" type="checkbox"/> Date: CAD/RMS Checked: ROUTING: Name: # NCIC/WACIC + Date: Owner Letter Sent: White: Property Room Date: Time: NCIC/WACIC - Date: Owner Letter Sent: Yellow: Case File								

LSPD

ORIGINAL

Incident History for: #SS13024541

Case Numbers: \$SS13002812

Entered 11/07/13 13:49:42 BY SPCT05 SP0285  
Dispatched 11/07/13 13:50:04 BY SPDP17 SP0100  
Enroute 11/07/13 13:50:04  
Onscene 11/07/13 13:56:51  
Closed 11/07/13 14:33:36

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST

Src: 9

Loc: SOPER HILL RD/SR 9 NE ,LKS (V)

Latitude: (+) 48.021401 Longitude: (-) 122.109861

Loc Info: ON SOPER HILL

Name: VOLKER, ANNA

Addr:

Phone: 2069729010

/1349 (SP0285) ENTRY ,CC, NON INJ, NON BLKING, BLU FORD TEMPO VS WHI  
PC  
/1350 (SP0100) DISPER SS1912 #SS79 SUMMERS, SGT (ROBERT)  
/1354 (SP0318) SUPP LOCI: W OF SR 9 ON SOPER HILL RD,  
NAM: BIXBY , KAREN,  
PHO: 8057146629,  
TXT: CC, 2 VEH ACC, NON INJ, BLKG , WHI LEXUS VS  
LT BLU FORD TEMPO  
/1356 (SP0100) ONSCNE SS1912  
/1401 ASNCAS SS1912 \$SS13002812  
/1427 (SS79 ) \*MISC SS1912 ,ANF1110 STATE FARM 250-0878-A15-47  
/1428 \*MISC SS1912 ,916 ZON ALLSTATE  
/1428 REMINQ SS1912 MDTVEH, ANF1110, ,WA, , , , , , , , , , ,  
/1428 REMINQ SS1912 MDTVEH, 916ZON, ,WA, , , , , , , , , , ,  
/1433 (SP0100) CLEAR SS1912 D/H  
/1433 CLOSE SS1912

1-20-03  
JAN 10 2004  
VAL